

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION
FOR
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **743649**

1. Corporation Name

TIMUQUANA VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

4358 TIMUQUANA ROAD
JACKSONVILLE FL 32210

Mailing Address

4358 TIMUQUANA ROAD
JACKSONVILLE FL 32210

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

FILED
03 OCT 24 AM 11:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
REINSTATEMENT 03



600024074706
10/24/03 - 01017--007 **236.25

07/18/03 90074 029

4. Date Incorporated or Qualified
To Do Business in Florida

07/20/1978

5. FEI Number

59-1930370

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

\$8.75 Additional Fee required
for a Certificate of Status

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s) 1	Name of Officers and/or Directors 2	Street Address of Each Officer and/or Director 3	City / State / Zip 4
VP	KENT, STELEN	4358 TIMUQUANA RD., #107	JACKSONVILLE FL 32210
T	CRABTREE, CAMILLE	4358 TIMUQUANA RD STE 405-214	JACKSONVILLE FL
S	HARTRIDGE, DOTTIE	1358 TIMUQUANA RD., #158	JACKSONVILLE FL 32210
VPT	MONTGOMERY, JUDY	4358 TIMUQUANA RD #125	JACKSONVILLE FL 32210
P	BREESE, WILLIAM	4358 TIMUQUANA ROAD, #146	JACKSONVILLE FL 32210
D	Hudson, Arden	4358 Timuquana Rd. #101	

8. Name and Address of Current Registered Agent

ELLER, JOAN
4435 MILAM ROAD
JACKSONVILLE FL 32210

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State
FL

Zip Code

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of
Registered Agent

Joan Eller
REGISTERED AGENT MUST SIGN

Date

9-20-03

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

Wheeler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

9/20/03 904-384-8236

Daytime Phone #